



AMERICAN HIP INSTITUTE
& ORTHOPEDIC SPECIALISTS

WWW.AMERICANHIPINSTITUTE.ORG

**Please bring this booklet to your
pre-operative appointment**

Your Guide To Total Hip Replacement



American Hip Institute

999 E. TOUHY AVE. SUITE 450
DESPLAINES, 60018

9615 KEILMAN ST.
ST. JOHN, IN 46373

(833) USA-HIPS

Date of Surgery:
Location of Surgery:

*North Shore Surgical Suites
8400 Lakeview Pkwy
Pleasant Prairie, WI
(262) 455-7548*

*Munster Specialty Surgery Center
9200 Calumet Avenue, Ste 100
Munster, IN 46321
(219) 595-0789*

*St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169
(847) 843-2000*

*Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068
847-723-2210*

Your testing and clearance must be performed within **30 days of your surgery date**. Please have all results faxed to 630.323.5625.

Your **pre-operative appointment** on _____ at _____ will be at our office in DesPlaines. At this appointment you meet with a Nurse Practitioner or Physician Assistant to receive medical clearance for your upcoming surgery. You will then be seen by our physical therapists to be fitted for your hip brace, and provided a walker or crutches if needed.

Your **post-operative appointment** on _____ at _____ will be at our office in DesPlaines with a Nurse Practitioner or Physician Assistant.

Please be sure to assign yourself a Surgical Coach. A Surgical Coach is the person who should help you throughout the care process. You will be provided with a vast amount of information regarding your surgical procedure and recovery. Your Surgical Coach will serve as additional support throughout this process.

You are entering a mutual relationship in which we are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool pertaining to your procedure.

An important part of your recovery is your commitment to the care and rehabilitation of your improved hip. We understand that the preparation and recovery process can be challenging and we encourage you to read through this packet and highlight questions or notes that you would like to discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review with you.

Thank you for allowing us to take part in your health care needs.

You will have a dedicated team helping you through the surgery process. The team consists of your surgeon, a Nurse Practitioner, Physician's Assistant, Surgery Scheduler, Insurance Coordinator, and Administrative Assistant. If you need to reach any member of your surgical team, please call our office at (833)USA-HIPS.

Pre-Surgical Checklist

- Requests for Work/ School notes or FMLA paperwork should be faxed to our office at 630.323.5625: As soon as your paperwork is received there will be a 7-10 business day turn-around.

- Complete Preoperative Lab Tests: If lab testing is not completed at our facility, you will be given an order to complete your lab testing at any location that is most convenient for you. Please have all results faxed to our office at 630-323-5625.
 - Blood Work
 - EKG
 - Chest x-ray (if requested)
 - Additional testing if necessary or recommended by your primary care physician

- Letter of medical clearance from primary care physician and specialists (Cardiologist, rheumatologist, hematologist, etc., if currently under their care). Please have and medical clearance and office notes for medical clearance visits faxed to our office at 630-323-5625.

- Attend your pre-operative appointment: If your preoperative labs are performed by our staff, we will fax results to your primary care physician and or any specialists for review. You will also receive your brace and crutches/walker (if needed) at this appointment with our office.
 - If you would like a handicap placard application, one can be provided to you at this appointment.
 - One week before surgery it is necessary to stop taking the following medicines unless otherwise directed by your medical physician:
 - All anti-inflammatory medicines: (Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.)
 - Nutritional supplements: (Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.)

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- ❑ Consult with your prescribing physician for the appropriate and safe discontinuation of any medication before surgery, particularly:
 - ❑ **Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications:** These medications need to be safely discontinued at very specific times before surgery. Some medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.
 - ❑ Rheumatologic medicines such as **Enbrel and Humira:** Discuss with your Rheumatologist as some of these medications need to be discontinued one month prior to surgery

 - ❑ Discontinue use of nicotine and alcohol: It is the American Hip Institute's policy that all patients remain nicotine and alcohol free for at least 1 month prior to surgery and abstain from nicotine and alcohol for at least 3 months after surgery. Patient's may be subject to testing to ensure compliance with the above policy.

 - ❑ Arrange for transportation for the day of surgery: You will not be permitted to drive yourself. Your surgery will be cancelled if this is not arranged. Each surgical center offers transportation at no additional cost as long as you can bring someone above the age of 18 to accompany you. Please let your clinical concierge know if you would like to get transportation for the day of surgery.

 - ❑ Schedule your first physical therapy session: Immediately following your surgery you will begin home health physical therapy for the first two weeks postoperatively, this will be set up by your AHI surgical team.
 - ✓ The American Hip Institute has partnered with ATI Case Management. They will assist in coordinating communication with your medical team, as well as, ensure you are reaching your postoperative milestones within expected timeframes. A Clinical Case Manager (CCM) will support you throughout this process. You will be receiving an introductory call from him/her about 2 weeks before surgery. Your CCM has clinical expertise in orthopedics and physical therapy. Your CCM will keep regular communication with all post-acute providers including rehabilitation hospitals, skilled nursing facilities, home health & outpatient physical therapy. He/She will report to us so that we can stay informed of your progress outside of your scheduled post-operative visits. Additionally,
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your CCM will call you every 1-2 weeks after surgery to follow up with you directly to best address any of your needs.

- ✓ After home health is completed, about two weeks following surgery, you will begin outpatient physical therapy at a clinic that is most convenient for you unless otherwise advised by your surgeon. Please schedule your appointments and arrange the necessary transportation. Your physical therapy prescription will be provided to you on the day of surgery.
- ✓ Please note that AHI does offer physical therapy in our office, should you wish to schedule an appointment please call our office at (833)872-4477. Please take your physical therapy prescription and protocol to your first therapy session.
- ❑ Complete your pre-surgical questionnaire online: You will receive an email with a personalized link to your questionnaire. This will help us track your personal improvement post-operatively in order to provide you with the highest quality care. (See: Clinical Outcomes Program)
- ❑ Preoperative Nasal Ointment: As a preventative measure against MRSA (Methicillin-Resistant Staphylococcus aureus) infections, you will be issued a prescription for nasal ointment at your pre-op operative visit with our Physician Assistant or Nurse Practitioner. **You will begin use of the nasal ointment, Mupirocin 2%, 5 days before surgery.**

Nutrition Optimization

Maintaining a healthy weight, adequate protein levels, proper hydration, and optimizing overall nutritional status has proven to help with the healing process and overall recovery from surgery.

The following are recommendations to optimize your outcomes after your procedure:

Vitamin D3 Supplementation: Vitamin D3 is associated with several benefits before and after surgery, particularly improved wound healing and increased bone health. We recommend supplementing with Vitamin D3 for 2 weeks before surgery and 3 months after surgery. Vitamin D3 can be purchased over the counter at your local pharmacy, convenience store, or online. Our recommendation is:

- 1,000 IU of vitamin D3 every day for 2 weeks before surgery and 3 months after surgery

Protein Supplementation: Protein is also associated with several health benefits. It is important to have adequate protein levels both before and after surgery to improve healing outcomes, muscle mass/health, and reduce the risk of infection. There are several protein shakes/powders/supplements on the market; it is the American Hip Institute's recommendation to supplement with protein twice per day for two weeks prior to surgery. Listed below are two protein supplementation options that are low in sugar and carbohydrates, but high in protein and can be purchased over the counter at your local pharmacy, convenience store, or online:

Premier Protein Shakes - 1 shake in the morning and evening for 2 weeks prior to surgery. *Do not drink the morning of surgery.*

Gluten and Soy Free



OWYN Protein Shakes - 1 shake in the morning and evening for 2 weeks prior to surgery. *Do not drink the morning of surgery.*

Vegan, Gluten, Dairy Free

Day before Surgery

- Do not eat or drink anything after midnight before your surgery, unless instructed otherwise: This information will be provided to you during your pre-operative phone call from the surgical center. Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of

water only. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed by your medical physician.

- A Registered Nurse will call you one day prior to surgery: (Friday for a Monday procedure) sometime between 3-7pm to inform you of your arrival time at the surgery center or hospital and to answer any additional questions.

- Shower with Hibiclens® antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over the counter item at your local pharmacy.
 - Avoid using Hibiclens on the face, genitals or mucous membranes.
 - You may use regular shampoo and conditioner on your hair.
 - Do not use lotions, powders or deodorant after cleansing with Hibiclens.
 - If you have any allergies or sensitivities to soaps, you may use your own soap. Please discuss with your health care team at your pre-operative visit.
 - Do not shave near the area of your surgery for 3 days prior to the procedure.
 - Follow your normal oral care routine.
 - DO NOT wear make-up or nail polish the day of surgery.
 - Use clean towels and bedding before and after the procedure.

Day of Surgery

Your surgical team will consist of; your surgeon, a nurse practitioner, physician assistant, anesthesiologists, registered surgical nurses, and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

- Do not eat or drink anything unless instructed otherwise

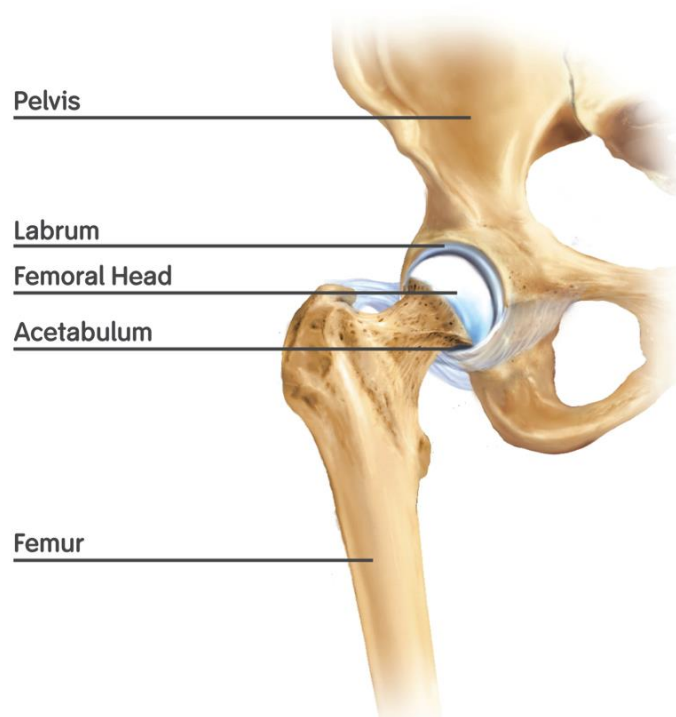
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- Please bring your crutches/ walker with you to your surgical location.
 - Dress comfortably
 - Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
 - The site of surgery will be shaved and prepped.
 - You will need to remove contact lenses. Please bring glasses if needed.
 - Any dentures or partials will need to be removed.
 - Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)
 - An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications preoperatively to minimize pain and inflammation.
 - Family members or your designated contact person will be directed to the waiting room to remain during your surgery. Family can expect one of our team members to come speak with them approximately 2 hours after the start of surgery.
 - The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.
 - You will be seen by your surgeon prior to transfer to the operating room to answer any last-minute questions and have the surgical site signed off.
 - Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, check that
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you are comfortable, and ensure all body parts are safely positioned and well-padded.

- After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses.
- In the recovery room, an experienced recovery room nurse will closely monitor you.
- As you wake up from the anesthesia, you will be transferred to a private second phase recovery room where your family or designated person will be able to see you.
- Depending on your surgical procedure, you will either be discharged to home by the anesthesiologist or admitted to the hospital for further evaluation if medically indicated.

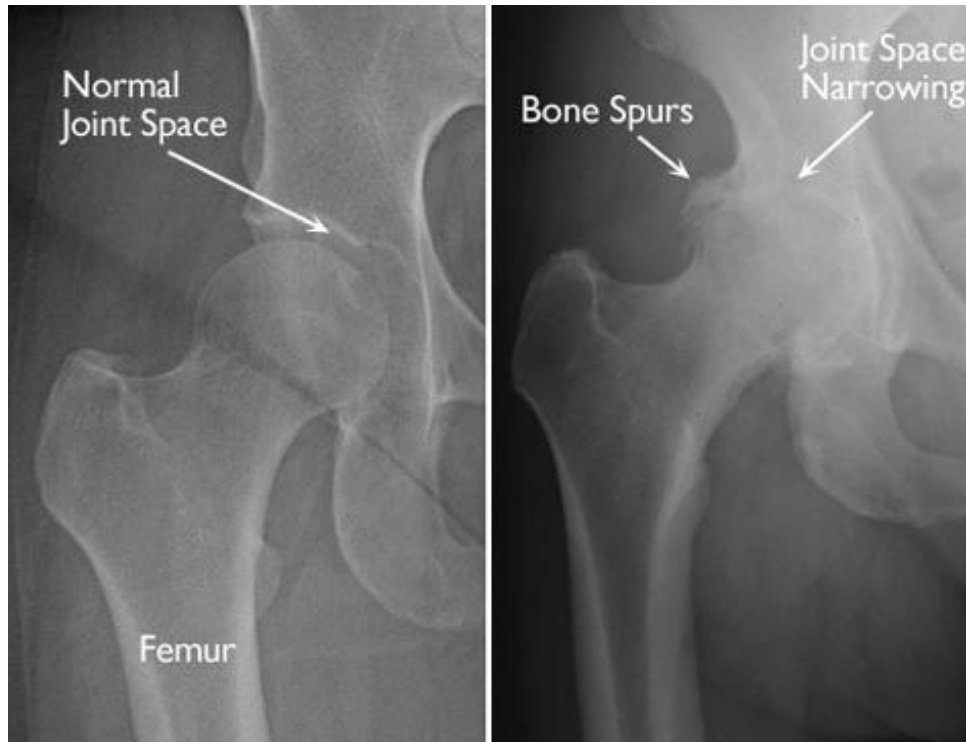
How the Hip Works

The hip joint is a “ball and socket” joint. The “ball” is known anatomically as the femoral head; the “socket” is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, acting as a lubricant, which allows for smooth, painless movement within the hip joint.



Osteoarthritis

The following x-ray images display a normal hip joint and a hip joint with osteoarthritis. The following images demonstrate a wearing of the protective layer “cartilage” causing bone on bone contact, resulting in pain.



Osteoarthritis, the most common type of hip arthritis, is the result of general wear-and-tear of the cartilage in the hip joint. When the cartilage is worn away, bone-to-bone contact may occur and is often painful. Minimally invasive ***total hip replacement*** or ***hip resurfacing*** may be an option for treating osteoarthritis.

How Does A Hip Replacement Work?

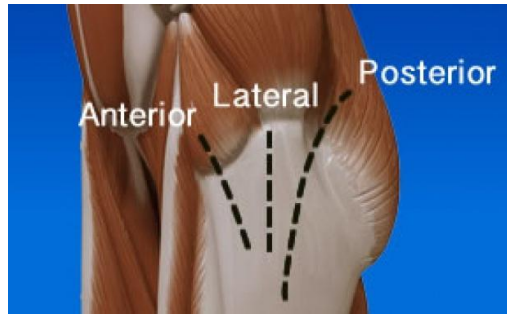
The original, arthritic joint is replaced with a hip prosthesis, commonly called an artificial joint. This allows for easier and more natural movement of the hip. A total hip replacement involves removing the existing arthritis and placing a metal cup in the socket and a metal stem down the femur. There is a plastic, polyethylene, liner that is placed between the ball and socket to provide non-metal-on-metal weight bearing surfaces.



Hip Resurfacing

Hip resurfacing is an alternative surgical procedure to hip replacement for many active patients. Hip resurfacing is intended for young, active males who may eventually need a hip replacement. *This procedure is not recommended for female patients.* Hip resurfacing differs from a hip replacement in that the femoral head and neck are not removed and replaced with synthetic parts. In hip resurfacing, the worn surfaces of the femoral head and acetabulum are smoothed out and covered with metal bearing surfaces. This allows greater conservation of the patient's bone.

Hip Replacement Surgical Approach



What Does a Minimally Invasive Surgical Approach Mean?

While traditional hip replacements involve a 12- to 14-inch incision, minimally invasive hip replacement uses a “mini-incision” (3 to 4 inches or less). The surgery is completed without cutting any of the major muscles or tendons around the hip. *This means less pain and a quicker recovery and return to activities.* Additional benefits include less tissue damage, scarring, and lower risk of dislocation.

The American Hip Institute performs several minimally invasive approaches to ensure minimal pain and a quick recovery. We will work with you to decide on the best and least invasive approach for you. Below are the most common surgical approaches:

Direct Anterior Approach

A small incision is made to the front of the upper thigh. Following surgery from the direct anterior approach there are only minor hip precautions taken until healing is complete. It is advised that you avoid extending the leg behind your body, rotating your leg away from your body, and hip thrusts with your legs extended. The staff will review hip precautions with you and additional information can be found in this booklet under the section “Hip Precautions.”

Mini Posterior-Lateral Approach

A small incision is made on the side of the hip. It is advised that you avoid flexing the hip past 90 degrees and crossing your legs. Staff will review hip precautions with you. Please reference additional precautions which can be found in this booklet under the section “Hip Precautions.” Birmingham Hip Resurfacing surgeries are completed from a posterior-lateral approach.

Clinical Outcomes Program

As part of our commitment to provide you with the highest quality of care, the American Hip Institute has established the Clinical Outcomes Program.

What are clinical outcomes?

- Clinical outcomes measure the result of a treatment plan or surgical intervention.
- In orthopaedics, we track your progress by concentrating on your level of pain, how well you're moving, and your overall quality of life as a result from our care.

Why is the Clinical Outcomes Program important?

- Our goal is to provide exceptional orthopaedic care to all of our patients. Tracking clinical outcomes allows us to measure the quality of care tailored to each individual. It is an evidence-based process that gives us insight into which factors affect outcomes and why some patients have better long-term results than others.
- The payers of healthcare services (e.g. insurance companies) are requesting this information and we need to comply with such reporting requirements.

How does this involve me as a patient?

- You will periodically receive automatic reminders (with a link) asking you to complete brief questionnaires for progress updates.
- Your doctor wants you to complete these questionnaires promptly when received. Your timely response is very important and helps your doctor to track your results and progress over the short and longer term.

What do I need to do to participate?

- It is essential that we have your correct contact information (i.e. current email address and mobile number).
- By providing your contact information, you are consenting to receive messages regarding your healthcare information and other healthcare-related services at the email address and/or mobile number(s) provided.
- You may revoke your consent at any time by unsubscribing via text, modifying your settings in your user account, or by notifying your doctor in writing.
- By providing your mobile number, you may be charged for text messages by your wireless carrier.
- In a medical emergency, you should not email or text; you should call 911 immediately.

How secure is my information?

- We follow all federal guidelines for patient privacy. All patient information is protected in accordance with HIPAA electronic data storage on secure servers. Your contact information will never be shared or used for any reason other than the purpose of maintaining our relationship with you regarding your health care. Your contact information is not stored in a file that contains confidential identifiers, such as your Social Security number. You will never receive requests for your Social Security number or other personal information related to your identity. Your contact information is not linked to personal information.

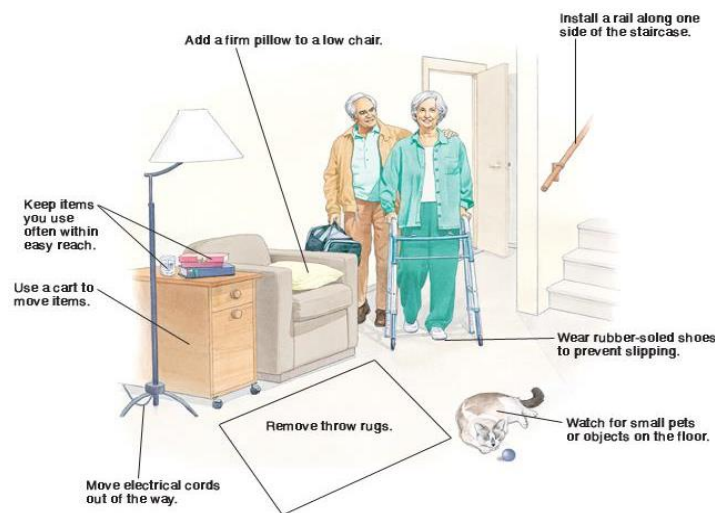
Thank you for allowing us to be part of your health care and for giving us an opportunity to stay in touch with you through the American Hip Institute Clinical Outcomes program.

Preparing Your Home

(The following information was supplemented from material found on AAOS.org)

Several modifications can make your home easier to navigate during your recovery. The following items *may* help with daily activities. **Many of these items are recommended but not required.** Speak with your health care team about your individual needs.

- ✓ Remove all loose carpets, area rugs and electrical cords from the areas where you walk in your home
- ✓ Rearrange furniture to allow adequate walkways
- ✓ Develop a plan for managing stairs in and around your home
- ✓ Stock up on ice and easily prepared meals
- ✓ Keep items such as your phone, television remotes, medications and other frequently used items close-by
- ✓ Securely fasten safety bars or handrails in your shower
- ✓ Secure handrails along all stairways
- ✓ Obtain a stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- ✓ Consider obtaining a raised toilet seat (if having a lateral-posterior surgery)
- ✓ Obtain a stable shower bench or chair for bathing
- ✓ Obtain a long-handled sponge and shower hose
- ✓ Obtain a dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip
- ✓ Obtain a reacher that will allow you to grab objects without excessive bending of your hips
- ✓ Obtain firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips





Notification Letter for Medicare Patients

Your Surgeon is participating in a New Care Improvement Initiative from Medicare

The American Hip Institute is participating in a Medicare program called Bundled Payments for Care Improvement Model 2 (“BPCI Model 2”). Medicare is using the BPCI Model 2 initiative to encourage your doctors, hospitals, and other health care providers to work more closely together during and following your hospital stay.

The American Hip Institute is working closely with other doctors and health care providers who will be providing you care from the time you are in the hospital, extending through your recovery period. By working together, your health care providers are planning more efficient, higher quality care at no additional cost to you, the patient. Medicare will be monitoring you and others throughout this process, to ensure you continue to receive high quality care while recognizing physicians for ensuring the patient experience remains the top priority. Hospitals, doctors, and other providers who care for you following your hospital stay may be rewarded for their ability to provide this high quality service to you.

This improvement will provide attention, each step of the way, throughout the 90 days after you leave the hospital – allowing you to fully understand and access all available resources essential to your full recovery. The American Hip Institute’s participation does not restrict your freedom to choose your health care providers or your access to care for your medical condition.

We would welcome your feedback on how we do over the next few months.

Thanks!

This will not impact your choice of hospital, doctor, or other providers.

You have the right to choose which hospital, doctor, or other post-hospital stay health care provider you use.

- To find a different hospital, visit <http://www.hospitalcompare.hhs.gov/> or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- To find a different home health agency, visit Medicare's Home Health Agency Compare website, <http://www.medicare.gov/homehealthcompare>, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- To find a different skilled nursing facility, visit Medicare's Nursing Home Compare website, <http://www.medicare.gov/nursinghomecompare>, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- To find a different doctor, visit Medicare's Physician Compare website, <http://www.medicare.gov/physiciancompare>, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Get more information

If you have questions or want more information about Medicare's Bundled Payments Model 2 program please call 1-800-MEDICARE. You can also find additional information at <http://www.innovation.cms.gov>.

Post-Acute Provider List

Not all patients will need medical care after surgery, but for those who do, the following providers are highly recommended. They are familiar with our expectations and have committed to regular communication with our team.

Home Health

(formerly Summit Home Health)

Ph: 773-233-3337

www.atihomehealth.com



Outpatient Physical Therapy



999 E Touhy Ave. • Des Plaines, IL 60018

Ph: 833-872-4477

<https://www.americanhipinstitute.com>

Skilled Nursing Facilities

(if needed)



Main Campus

26W171 Roosevelt Road • Wheaton, IL 60187

Ph: 800-462-2366

www.Marianjoy.org

Marianjoy at Park Place Health & Wellness Center

1150 S Euclid Ave • Elmhurst, IL 60126

Ph: 630-936-4120

Marianjoy at Victorian Village

12525 Renaissance Cir • Homer Glen, IL 60491

Ph: 708-590-5050

Marianjoy at Providence Palos Heights

13259 S Central Ave • Palos Heights, IL 60463

Ph: 708-239-6060

Marianjoy at Providence Downers Grove

3450 Saratoga Drive • Downers Grove, IL 60515

Ph: 630-969-9360



Shorewood: 710 W. Black Road • Ph: 815-230-8700

www.aldenstatesofshorewood.com

Orland Park: 16450 S 97th Ave • Ph: 708-403-6500

www.aldenstatesoforlandpark.com

Aurora: 2021 Randi Drive • Ph: 630-851-7266

www.aldenwaterford.com

Naperville: 1525 Oxford Lane • Ph: 630-983-0300

www.aldenstatesofnaperville.com

Cicero: 6120 W Ogden Ave • Ph: 708-863-0500

www.aldentownmanor.com

Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for you to be discharged home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery.

Pain medicine prescription and directions for usage will be provided following surgery.

Pain Medications:

- Percocet – Prescription pain medication (narcotic)
- Take as directed and do not take additional Tylenol/ acetaminophen while taking this medication.
- Use your pain medications just as needed for pain. We recommend that you begin taking the pain medication right as you begin to feel pain.
- Do not mix pain medicine with alcohol or other sedating drugs.
- You are not allowed to drive while taking pain medication.
- **DO NOT take anti-inflammatory medications for 8 weeks after surgery (No ibuprofen, Naprosyn, Motrin, Aleve, Advil) as these can impair how well the hip prosthesis heals to the bone.**

Anticoagulation:

- Aspirin 325mg – Take 2 times per day for one month. This is NOT to be taken for those under 18 years old.

Anti-inflammatory – Heterotopic ossification prevention:

- Naprosyn 500mg – Take 2 times per day for 6 weeks. Do not combine with other anti-inflammatory medications. To be taken concurrently with aspirin in those over 18 years of age.

Digestive Medications:

- Prilosec 20mg – Take 1 time per day for 6 weeks. This is sold over the counter.
- Colace – Take 3 times per day for the first five days to help with postoperative digestion and constipation.

Medication Questions & Refill Requests:

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- You may contact your Pharmacist or call our team at (833)USA-HIPS.
 - Please call your pharmacy and ask them to fax a refill request to: (630) 323-5625
 - Refills are authorized Monday – Friday, 8am-4 pm and may take up to 48 hours to be authorized.
 - Narcotic medications, such as Percocet, cannot be called into a pharmacy and must be written or printed out and picked up at the office. This is a state law and there are no exceptions. Please plan accordingly.
 - Please note: A limited amount of pain medication can be dispensed through our office due to some state and insurance guidelines. You will be issued a prescription for pain medication and 1 refill. If you exceed the allotted refill amount, you must schedule an appointment and obtain your medication from a Pain Management Specialist or your Primary Care Physician.
 - **If you are having a medical emergency (such as trouble breathing, chest pain, etc.) call 911!**

At Home Following Your Surgery

- Take 10 deep breaths each hour.
- Get up and walk every hour. Walk as much as possible.
- Use walker only as needed. Progress to full weight-bearing as quickly as possible, unless instructed otherwise.
- If applicable, a home health nurse will visit you in your home. Please share your home health resource page with your home health nurse.
- A physical therapist will also visit you in your home for the first 1-2 weeks after your surgery. As soon as possible, you should transition to therapy in an outpatient physical therapy center. Please share your physical therapy resource page with your home physical therapist.
- Keep your post-operative visit with our team. This is scheduled for 10-14 days after your surgery.

It is common to have the following reactions after surgery:

- Low-grade fever (<100.5° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling & discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following **reactions are abnormal**. If you should have any of the following symptoms, please contact our office or go to the nearest emergency room:

- Fever > 100.5° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following **reactions may require emergent intervention** or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5° F
- Weakness, Numbness, Inhibition of motor skills in the operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

For urgent after hour questions please call 833-USA-HIPS to reach the doctor on call.

Incision and Wound Care

Initial Wound:

- Absorbable sutures
 - Do not need to be removed
- Glue is used on top of the incision
- **Cover Strips (Steri-strips) or Prineo (clear gauze dressing)**
 - **Do not remove**
 - **Let these fall off on their own**
- Top Silver Dressing
- Please leave your surgical dressing in place for 3 days after surgery. You may remove the dressing and shower on day 3 post-op. See proper cleaning instructions below.

Caring for Your Incision:

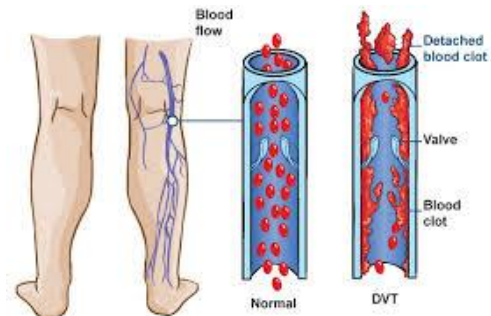
- Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs please call our office at 833-USA-HIPS and state you are calling because you think your wound may be infected.
- If you feel warm or feverish, please take your temperature – call our office for temperatures > 100.5° F.
- To properly clean your incision: wash the wound with soap and water and pat dry with a clean towel. Avoid rubbing the incision site.
- Do not apply creams or lotions to your surgical wound.
- Do not soak your hip in water by taking a bath, using a hot tub, or swimming.

Blood Clot Prevention

Blood clots are the most common complication after orthopedic surgery, but there are several things we can do to help decrease your risk. This page discusses what a blood clot is, signs and symptoms and what you can do to help prevent.

What is a Blood Clot?

A blood clot is a thick mass formed in the blood to stop bleeding; if formed when not needed, a blood clot can cause a heart attack, stroke, or other serious medical problem. It is important to follow the preventative instructions to make sure that you limit your risk of developing a blood clot.



What are Signs of Blood Clot?

If you experience chest pain, difficulty breathing or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

What Steps Can I Take to Help Decrease My Blood Clot Risk?

- ✓ Stay mobile and avoid long bouts of sitting or lying in bed.
- ✓ Perform ankle pumps every hour while at rest (at least 30 reps).

-
- ✓ Wear your compression stocking or TED hose as directed after surgery. ***These will be provided to you on the day of surgery.***
 - Wear TED hose daily. You may remove the TED hose for showering and leave off for 1 – 2 hours. These should be reapplied. Use while sleeping.
 - Wash stockings as needed.
 - Check your skin under stockings daily.

There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for 4 weeks after surgery. You may notice that you bruise more easily when using this medicine. Your health care team will discuss the best medication options for you for use after surgery.

Medications We Use to Help Prevent Blood Clots Include:

- ✓ Aspirin
- ✓ Lovenox: For some select patients. This will be discussed at your preoperative office visit.
- ✓ Xarelto: For some select patients. This will be discussed at your preoperative office visit.

Durable Medical Equipment (DME)

- ✓ Durable medical equipment is any medical equipment used in the home to aid in a better quality of life or to aid in recovering from surgery.
- ✓ DME orders will be provided by our office upon request from the patient.
- ✓ Examples of DME include:
 - Rolling walker
 - Cane
 - Raised toilet seat
- ✓ DME can be provided upon request for patients with Medicare insurance.



Physical Therapy

Physical therapy is an important part of your recovery. Everyone receives physical therapy, but your schedule may differ depending on whether you stay overnight in the hospital or are discharged the same day from the surgical center.

In Hospital PT:

- ✓ Physical therapy will see you the same day of surgery.
- ✓ Your first PT session usually involves sitting up on the side of your bed and then will progress to walking with the help of an assistive device.
- ✓ Your goal is to be able to walk as much as possible.
- ✓ Physical therapy will assist you with:
 - Taking more steps in your room
 - Walking down the hall
 - Climbing stairs

Home PT:

- ✓ Your home physical therapist will see you either the same day, or the day after your surgery.
- ✓ Home PT will ensure that you are mobilizing safely and will encourage you to walk as much as possible.
- ✓ Most patients generally receive one to two weeks of in-home physical therapy.
- ✓ Please provide the Resource Page for Physical Therapy from this packet to your therapist.

Outpatient Therapy:

- ✓ Most patients start outpatient physical therapy one to two weeks after surgery.
- ✓ Your physical therapist will develop an individualized plan for you.
- ✓ Outpatient PT is completed 2-3 times per week for 8-12 weeks.

Hip Precautions

Hip precautions are a list of identified movements that must be avoided after your surgery. Hip precautions are based on the surgical approach used. See below for instructions. These movements should be avoided for the first 6 weeks after surgery to allow for healing and prevent hip dislocation. Your surgical team and physical therapist will review these precautions with you.

Anterior Approach:

- ✓ Avoid all hip extension for 6 weeks
- ✓ Avoid hip thrusts with straight legs and pushing up on heels
- ✓ Sleeping – see ‘Self-Management’ page
- ✓ Please see pictures below for positions to avoid



Hip Precautions

Posterior Approach:

- ✓ Avoid combined hip flexion and internal rotation
- ✓ Sleeping – see page ‘Self-Management’
- ✓ Do not cross your legs
- ✓ Do not turn your toes in
- ✓ Do not bend more than 90° at the waist
- ✓ Use chairs with arm rests or high seats
- ✓ Place a firm cushion on the seat of a chair to raise its height
- ✓ Sit with your knees level with or lower than your hips
- ✓ Please see pictures below for positions to avoid





Resource Page for Home Health Nurse:

Instructions:

- ✓ See patient as ordered for 1-2 weeks. Check vital signs and incisions at each visit.
- ✓ In most cases patients are discharged with Xarelto, 10 mg daily for 30 days. Please verify the patient is taking their anticoagulation.
- ✓ Instruct on incision care and pain management.
- ✓ Instruct on hip precautions.
- ✓ Provide instructions regarding coughing and deep breathing every hour.
- ✓ Remove dressing and shower 3 days after surgery. The incision may be cleansed with gentle soap and water, patted dry, and a bandage re-applied only if needed.
- ✓ Let steri-strips or Prineo fall off on their own.
- ✓ Patient should return to our office for an incision check at day 10-14 after surgery, this appointment has been scheduled.

-
- ✓ Anti – embolism stockings are to be worn on bilateral lower extremities for 4 weeks.

If you have questions, please contact our office at 833-USA-HIPS.

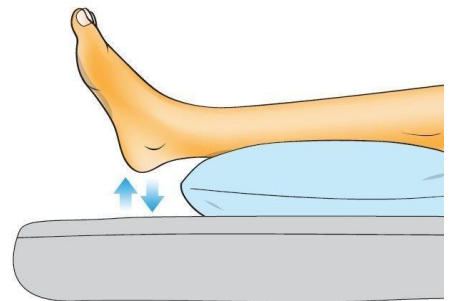
Self-Management

Reducing Leg Stiffness and Swelling:

- ✓ Continue exercises regularly after surgery to strengthen the muscles in your legs.
 - Ankle pumps – Point and flex your feet 10-30 times an hour
- ✓ Wear your compression stocking or TED hose as directed:
 - Wear TED hose daily. Take TED hose off for showering. You may leave off for 1 – 2 hours, then put back on.
 - Wash stockings daily.
 - Check skin under stockings daily.
- ✓ Elevate your leg(s) above your heart to help lessen swelling. You should elevate your legs as much as possible throughout the day.
- ✓ Ice the hip at least 3-5 times per day. Do not place the ice pack directly on your skin – you may use a towel or pillowcase to avoid direct contact.



compression stockings



ankle pumps

Help keep your pain managed:

- ✓ Take pain medications with food and at least 30 minutes before a physical therapy session.
- ✓ Tylenol or acetaminophen may be used instead of your prescription narcotic medication.
- ✓ Use ice packs at least 3-5 times per day. Ice the hip after exercise to help decrease swelling and pain.

Avoid constipation: This can be a common side effect from pain medications.

- ✓ Drink plenty of fluids - water is preferred
- ✓ Use a stool softener, such as Colace, while taking pain medicines
- ✓ Take a laxative like Dulcolax, as needed
- ✓ Eat a high fiber diet

Sleeping:

- ✓ Avoid long naps during the day to help get back to a more normal sleep pattern.
- ✓ Sleeping positions
 - o **Anterior Approach:**
 - Avoid laying on stomach
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip
 - o **Posterior Approach:**
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip

Traveling

Driving:

You are not able to drive while taking pain medications. Driving should not be undertaken until you can drive safely.

If you do drive:

- ✓ If right leg is surgical leg: Must be able to quickly apply and hold pressure on brake
- ✓ You can apply for a temporary, six-month handicap sticker from the state of Illinois. You need the DMV application form which the team can assist you with; please ask about this prior to your surgery, as a health care provider's signature is needed on the form. You may obtain the form at your pre-operative visit or the form can be mailed to you.

Flying:

For airplane travel within the first six weeks after your surgery, please notify our staff so we can prescribe a dose of medication needed for safer travel.

If you do fly:

- ✓ Make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to perform ankle pumps while sitting in your seat.
- ✓ No card or additional information is necessary for TSA regarding your hip replacement. You may go through airport security as normal.

Going Back to Work

Returning to work is different for each individual and depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your healthcare team so you can start talking with your employer about returning to work before surgery. Make sure you provide time to go to outpatient therapy.

Return to Work Low to Medium Demand:

Sitting job:	1 – 3 weeks after surgery
Combination sitting and standing:	1 – 4 weeks after surgery
Standing:	1 – 4 weeks after surgery

Return to Work High Demand/Heavy Labor:

Full unrestricted duty will be determined on an individual basis, usually between 3 – 6 months.

Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7 – 10 days for completion.

- **Please submit paperwork prior to your preoperative appointment.**
 - Fax to: (630) 323-5625.
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.



**Family and
Medical Leave
Act**

FMLA

Going to the Dentist

In order to best protect your new hip, you will need to take prescribed antibiotics when going to the dentist. This is required for routine cleanings and other invasive dental work. Using antibiotics can lower the chance of a hip infection.

You will need to contact your dentist and let them know you have a hip replacement. Your dentist will prescribe the number and type of antibiotics you need to take before coming to the dentist. This recommendation stands for as long as you have your hip.

Do not schedule a dentist appointment during the first three months after your surgery.

If you're happy, spread the word!
Review our team:

1. GOOGLE +

- a. Sign into Google (Gmail) account
- b. Click on the small pencil to write a review
- c. Follow instructions to create a public google + account if necessary
- d. Select number or stars
- e. Insert review in the box
- f. Select publish

2. YELP

- a. Select Write a review
- b. Select number or stars
- c. Insert review in the box
- d. Select sign up and Post – Either sign up or sign in to your Yelp account

3. VITALS

- a. Select number of stars (overall & specific)
- b. Insert Title of Review
- c. Insert Review
- d. Select Submit review

4. HEALTH GRADES

- a. Select number of stars or sliding scale
- b. Select Submit Survey

5. RATE MD

- a. Select add rating
- b. Select number 1-5 in categories
- c. Fill in any comments
- d. Check box to verify comments
- e. Select Add New Ratings

6. FACEBOOK

- a. Login to account or create one
- b. Select number of stars
- c. Fill in any comments
- d. Select Review

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Follow us on Twitter

Frequently Asked Questions

1. What do I need to do with my surgical bandages after I am discharged? *See wound care instructions..*
2. When can I drive again? *There is no specific time frame when driving is allowed; however, general guidelines are listed. If you are unsure about your ability and when you can start driving, call your team at (833)USA-HIPS.*
3. Why do I have a bandage on my non-operative side? *Three small incisions are needed for the robotic equipment used to assist in your surgery. Please follow the instructions in the packet on how to care for these bandages.*
4. What do I do if I run out of my medications? *Please call our team. Refills can take up to 48 hours or may need to be picked up at our office (for narcotics) per state law. Plan accordingly so you will not have a gap between needed medications.*
5. I'm having trouble with having a bowel movement after surgery – what should I do? *This is a common side effect of many pain medications. Colace is an over the counter medicine that helps with constipation, which you received a prescription for at your preoperative appointment. Take this medication. We also recommend drinking lots of fluids and eating a high fiber diet.*
6. What is the difference between **outpatient** versus **inpatient** versus **sub-acute** rehabilitation after my surgery? *Outpatient means you will travel to therapy from home. Inpatient or sub-acute rehabilitation means you will be staying at a specialized facility which meets your health care needs to promote your best recovery. The type of rehabilitation you attend is most dependent on other health conditions you may have. This will be discussed prior to your surgery.*

Please write down questions here that you would like the team to answer or discuss during your preoperative visit.